

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024934

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 271
FILED JUN 26 1963
VS 300
Rev. 4/59

10550

20499

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1b	U.S. 66 & 97 Hi-way	66 and 79	8-2-63
9	15	16	8-2-63
13a	Charles J. O. Agan	Charles Agan	8-2-63

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>U.S. 66 and 97 Hi-way</u>		Length of stay in 1b <u>unknown</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U.S. 66 and 97 Hiway</u>		c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <u>1711 Penn.</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Terry</u> Middle <u>L.</u> Last <u>Agan</u>		4. DATE OF DEATH Month <u>June</u> Day <u>15</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 3 48 16 15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Never Worked</u>	
11. BIRTHPLACE (City and state or country) <u>Joplin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. O. Agan</u>		13b. MOTHER'S MAIDEN NAME <u>Garnett McCaulley</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles Agan</u>		Address <u>1711 Penn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Charles Agan</u>		Address <u>1711 Penn</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed head</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car accident</u>		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway junction 166 and 97</u>	
20f. CITY, TOWN, OR LOCATION <u>Lawrence</u>		COUNTY <u>MO.</u> STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edwin Wilks (Coroner)</u>		22b. ADDRESS <u>Pierce City, Mo.</u>	
22c. DATE SIGNED <u>6-19-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/18/63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Marionville Cemetery</u>		23d. LOCATION (City, town, or county) <u>Marionville MO.</u>	
24. FUNERAL DIRECTOR <u>Thornhill Dillon</u>		ADDRESS <u>Joplin, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>6-17-63</u>		26. REGISTRAR'S SIGNATURE <u>Ray Lanthorn</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 22 1963

JUN 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ronald N. Smith

Licensed Embalmer No.

5209

P. O. Address

MT Vernon, W.V.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.